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Family planning: views of female non-acceptors in rural India.

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Abstract

A study conducted on eligible rural women who were unwilling to accept family planning methods revealed that many women were concerned about child survival and viewed children as a source of support in old age. Family size was usually decided by in-laws. Pressure from in-laws to have more children was significantly higher in families where the women were less educated or illiterate.

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Full Text

:: Introduction



In-spite of political commitment for the Central Government funded National Family Planning Programme, the birth rate has not come down as desired. The main thrust of the Family Planning Programme is through the Maternal and Child Health Programme, making women the prime targets for motivation. Many rural women are reportedly reluctant to accept any method of contraception[1]. This trend was also noticed in the state of Maharashtra, which is reputed for its high performance in the field of Health and Family Planning[2].

This rural-based study depicts the socio-demographic profile of the non-acceptors and their reasons for their reluctance to adopt family planning methods.

:: Methods



The study sample consisted of rural women whose names were recorded on the 'Eligible Couples' Register and with more than 3 living children, but who were still unwilling to adopt Family Planning methods. In the present study, an arbitrary upper age limit was fixed at 35 years in order to ascertain the views of the younger generation of women. If the respondents did not know their age, it was determined by asking questions on events they remembered.

A pre-tested questionnaire consisting of questions pertaining to personal family details, income, occupation, education, decision-makers regarding number of children in the family and their reasons for not accepting family planning methods was used. If many reasons were given, then the single most logical reason was considered after cross-questioning.

:: Results



Out of 706 women who fulfilled the criteria for inclusion in the study, 687 responded to the questionnaire. 42.08% were regularly involved in agricultural work, 31.14% worked only during sowing and harvesting seasons, while the rest were housewives.

51.09% had a monthly per capita income of less than Rs. 150/□, 68.26% were illiterate and 18.19% had attended school for 7 years or less. More than 90% of respondents knew about condoms, intra□uterine devices and sterilisation [Table:1].

Non□acceptance due to poor child survival was the reason cited by 25.76% of the respondents. About 20% reportedly refused contraception owing to pressure from other family members, especially in□laws. 18.04% needed male offspring who would support them in old age, while 17.32% considered child's wages to be an additional source of income. 18.64% of the respondents feared complications due to sterilisation.

A majority of illiterate respondents said that their in□laws decided the number of children. 68.82% of those with more than 8 years of schooling had opted for having more than 2 children mainly due to pressure from in□laws [Table:2].

:: Discussion



The religion, socio□economic and educational profile of the 687 respondents in the study were not significantly different when compared with similar profiles of the district population.

In spite of high levels of illiteracy, more than 90% of the respondents knew about contraceptive methods and permanent method of sterilisation. It is possible that women who were worried about child survival had opted for a large number of children hoping that at least a few would become healthy adults. The child survival rate in India in 1985 was just 84.2%[3].

In rural India, most people live in joint families. In this study, about one□fifth of the respondents cited family pressures as the reason for non□acceptance of family planning. The acceptance of family planning has been reported to increase significantly in an urban slum area where health care services were combined with classes for prospective fathers[4].

A significant proportion of the respondents considered male offspring as old age pensions. An additional 17.32% considered child's wages as an additional source of income. From their point of view, it made sound sense to have many children because the extra income from the child's wages would offset the cost of their food and upbringing. Since income is seasonal for most rural communities, it is possible that they opt for large families in order to diversify their various sources of income. Indian agriculture is labour intensive and child labour is common in the industrial and service sectors. According to the National Sample Survey (38th round), there were 16.6 million child labourers in India in 1986. Introduction of social security schemes may increase acceptance of family planning.

It has been said that development is the best contraceptive. But studies in India have shown that even in states that have advanced on the economic front, there has been no improvement in the status of women, if they lacked education[1],[5],[6]. Less educated women have been reported to suffer both during financial crises and during prosperity. However in states where literacy was high, the more educated were found to face less discrimination in food distribution and access to health care, compared to their less educated sisters[1],[5],[6]. In the present study, the decision regarding family size by in□laws was less in families where the respondents were more educated. Thus, female literacy coupled with social security may act as the best contraceptive, at least in rural areas.

The fear of possible complications due to sterilisation cited by 18.6% of the respondents can be tackled by a personal approach in motivation and regular follow□up of the acceptors.

A majority of women with more than 8 years of schooling reported having opted for more than two children due to pressure from in□laws. The decision making by in□laws was significantly higher in families where the respondents were less educated [Table:2]. It may be necessary to motivate the in□laws (the decision□makers) by using innovative health education technique to provide the much needed boost to the National Family Welfare Programme. Currently, motivators target the eligible couple instead of the real decision□makers in the joint family system.

This study has its limitations, because many respondents may not have been forthright in their answers to the questionnaire. Paucity of studies on non□acceptors in rural India made comparisons difficult.

In conclusion, women may have a say in deciding the size of their families only if education of girls is made compulsory. The introduction of social security schemes, target-ting traditional decision□makers in families and better health services to ensure child survival will go a long way in increasing the acceptance of the small family norm.

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